MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
09/926356	

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51							
2		1					52							
3		2					53							
4		2					54							
5		Ø					55							
6		Ø					56							
7		Ø					57							
8		Ø					58							
9		Ø					59							
10		Ø					60							
11		Ø					61							
12		Ø					62							
13		Ø					63							
14		Ø					64							
15		Ø					65							
16	1						66							
17		1					67							
18		4					68							
19			1				69							
20				1			70							
21				2			71							
22				2			72							
23				2			73							
24				2			74							
25				2			75							
26				2			76							
27				2			77							
28				2			78							
29				2			79							
30				2			80							
31				2			81							
32			1				82							
33				3			83							
34			1				84							
35							85							
36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	2		3				TOTAL IND.							
TOTAL DEP.	18		26				TOTAL DEP.							
TOTAL CLAIMS	20		29				TOTAL CLAIMS							

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

ORM PTO-1360 (REV. 3-78)

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